

STATE RETIREMENT AGENCY OF MARYLAND  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202

**APPLICATION FOR MEMBERSHIP**

**IMPORTANT: TURN THIS FORM OVER AND READ THE INSTRUCTIONS FIRST.  
PRINT IN INK OR TYPE.**

**FOR RETIREMENT USE ONLY FORM 001 (REV.12/08)**

APPLICANT'S SOCIAL SECURITY NUMBER

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DATE OF BIRTH

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APPLICANT'S NAME

Gender (M or F)

Month

Day

Year

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First  
HOME ADDRESS

Initial

Last

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Number and Street

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City

State

Zip Code

1. Have you ever been a member of the State Retirement and Pension System of Maryland? ..... Yes ☐ No ☐
2. Are you presently receiving a retirement allowance from the State Retirement and Pension System of Maryland? ..... Yes ☐ No ☐
3. Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? ..... Yes ☐ No ☐

**IMPORTANT:** If yes, read carefully the transfer provisions on the back of this form and then initial here: \_\_\_\_\_.

I certify that all statements made on this application are correct. I authorize any required deductions from my salary at the prescribed rate. And if I am presently a member of another State or local retirement or pension system, I have read and understand the transfer provisions.

Complete Signature

Date Signed

**RETIREMENT COORDINATOR COMPLETES THIS SECTION**

- A. IS THE APPLICANT A PERMANENT EMPLOYEE? ..... Yes ☐ No ☐  
If part-time, what percentage of time is the applicant employed? ..... percent
- B. When did applicant begin present continuous service? ..... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- C. What is the applicant's complete job classification or title? \_\_\_\_\_
- D. What is the applicant's annual salary? \$ \_\_\_\_\_ What is the applicant's annual standard hours? \_\_\_\_\_
- E. If applying for membership in the Law Enforcement Officers' Pension System, does the applicant meet the eligibility requirements? ..... Yes ☐ No ☐
- F. Number of pay periods reported per year ..... \_\_\_\_\_

**INDICATE SYSTEM:** ☐ Teachers' Pension ☐ Employees' Pension ☐ Correctional Officers' Retirement  
☐ State Police Retirement ☐ Law Enforcement Officers' Pension

EMPLOYING AGENCY CODE

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# OF RETIREMENT  
CONTRIBUTIONS  
DEDUCTED PER YEAR

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SYSTEM

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FOR RETIREMENT USE ONLY											
MO				DAY				YEAR			
ENTRANCE DATE											

SIGNATURE

DATE

TELEPHONE #

**ORIGINAL COPY**

# PLEASE READ CAREFULLY BEFORE FILLING OUT FORM

FORM-4 SHOULD BE COMPLETED WITH THIS FORM-1

## **Purpose of this form:**

This form is your application for membership in the State Retirement and Pension System of Maryland. When complete, keep the copy marked "Applicant's Copy." Send the other copies to your Retirement Coordinator with proof of your birth date.

## **Acceptable Proof of Birth Date**

Attach a photocopy of one of the following as proof of your birth date:

1. Birth Certificate
2. Valid Driver's License



Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? If so, the following information may affect your future benefit:

### **Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System**

This provision addresses the situation involving a change in employment, which necessitates a membership change in a retirement or pension system. Previous membership may be in a retirement or pension system administered by the State Retirement Agency or by a political subdivision within Maryland.

To qualify for the transfer of service credit, your employment must be continuous and you must apply to transfer the qualified credit within one year of becoming a member of your new retirement or pension system. Continuous employment as a requirement for transfer means that you changed jobs **without** having a break in employment.

**It is important to remember that any transfer of service credit must be done within one year after becoming a member of your new system.** The employee contribution requirements of your new retirement or pension system determine the amount of employee contributions with interest needed to accompany the transfer of service. Inadequate employee contributions will result in a contribution deficiency on your account.

To transfer credit in another State Retirement and Pension System (SRPS) system complete a *Request to Transfer* (Form 37). To transfer credit earned outside of SRPS, you must complete a *Request to Purchase Previous Service* (Form 26). All forms can be obtained from your Retirement Coordinator.

## **Need Help?**

If you need help to complete this form or clarification, please call a Retirement Benefits Specialist at 410-625-5555 (local) or 1-800-492-5909.